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APPLICANTS

Margaret S. Mortz, Lafayette, CO;

** CONTINUING DATA *****

This application is a CON of 09/963,219 09/25/2001 PAT 6,714,803
 which is a CON of 09/370,962 08/10/1999 PAT 6,385,471
 which is a CON of 08/405,569 03/16/1995 PAT 5,934,277
 which is a CON of 07/753,761 09/03/1991 ABN

** FOREIGN APPLICATIONS *****

No

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CO	DRAWING 5	CLAIMS 15	CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

Kent A. Fischmann, Esq.
 MARSH FISCHMANN & BREYFOGLE LLP
 Suite 411
 3151 South Vaughn Way
 Aurora, CO
 80014

TITLE

Pulse oximetry SpO2 determination

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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